

Foster Family Home - Corrective Action Report

Provider ID: 1-210028

Home Name: Shane Fernandez, NA

Review ID: 1-210028-1

91-659 Kilaha Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 3/18/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

David A. Ayling

Compliance Manager

Shane Fernandez

Primary Care Giver

3/18/2021

Date

3/18/2021

Date